U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

2004 Through: 12 / 31 / 2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOHN J O'MARA	Name PLUMBERS & PIPEFITTERS LOCAL 562
	Labor Organization File Number 035-932
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 31 HARVEST RUST CT (1.09 E E E E E E E E E E E E E E E E E E E	Street 12385 LARIMORE ROAD
City ST. PETERS	City ST. LOUIS
State Missouri ZIP Code + 4 63376	State Missouri ZIP Code + 4 63138
5. Position in labor organization. BUSINESS AGENT	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	T.S. Allocation
City	
State ZIP Code + 4	time June international part is already control of control page for the transfer only to the depth of the control of control of the control o
Signature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed Alm Olling	On 8-15-05 314-355-1000 Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing JOHN O'MARA	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name MECHANICAL CONTRACTORS ASSOCIATION Trade Name, if any: MCA P.O. Box, Bldg., Room No., if any Street 4402 ST. VINCENT City ST. LOUIS State Missouri ZIP Code + 4 63119	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	GOLF	
Street Research State Control of the State Control	11.b. Approximate dollar value of such dealing. \$125	
State ZIP Code + 4	12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOHN JOYMARA	Name PLUMBERS & PIPEFITTERS LOCAL 562
	Labor Organization File Number 035-932
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 31 HARVEST RUST CT	Street 12385 LARIMORE ROAD
City ST. PETERS	City ST. LOUIS
State Missouri ZIP Code + 4 63376	State Missouri ZIP Code + 4 63138
i. Position in labor organization. BUSINESS AGENT	
A. Held an interest in, engaged in transactions (including loans) with, or one tary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
nonetary value from an employer whose employees your organization	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
nonetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
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monetary value from an employer whose employees your organizations. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizations. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents). has been examined by the signatory and is, to the best of the
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signal 15. Signature and verification. The undersigned declares, under penalty of a submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing JOHN O'MARA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	CONFERENCE COMMITTEE MEETING MEAL
Street Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	
	Administrative for the contractive for the con